

MOTOR VEHICLE INSPECTION

License No. \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Location \_\_\_\_\_ Principal Driver \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Body Type \_\_\_\_\_ Mileage \_\_\_\_\_

Last Chassis Lube: Date \_\_\_\_\_ Mileage \_\_\_\_\_ Last Inspection: Date \_\_\_\_\_

Last Oil Change: Date \_\_\_\_\_ Mileage \_\_\_\_\_ Last Tune Up: Date \_\_\_\_\_ Mileage \_\_\_\_\_

General Condition of Vehicle (poor, fair, good, excellent) \_\_\_\_\_

Code:    ✓ = OK        R = Repairs Needed

\_\_\_\_\_ License Plates

\_\_\_\_\_ Lights (turn signal)

\_\_\_\_\_ Valve Cover Leaks

\_\_\_\_\_ Battery

\_\_\_\_\_ Exhaust System

\_\_\_\_\_ Belts

\_\_\_\_\_ Tires

\_\_\_\_\_ Brake Pads (front/rear)

\_\_\_\_\_ Parking Brake

\_\_\_\_\_ Body Glass

\_\_\_\_\_ Decals (left rear window)

\_\_\_\_\_ Horn

\_\_\_\_\_ Oil Change (filter)

\_\_\_\_\_ Battery Cables

\_\_\_\_\_ Hoses

\_\_\_\_\_ Alignment

\_\_\_\_\_ Steering Components

\_\_\_\_\_ Brake Lines

\_\_\_\_\_ Shocks (struts)

\_\_\_\_\_ Seat Belts

Is Vehicle Safe to Operate (Yes or No) \_\_\_\_\_

**COMMENTS:**

Inspection Cost \$ \_\_\_\_\_ Mechanic's Name: \_\_\_\_\_

Name of Garage: \_\_\_\_\_ Mechanic's Signature \_\_\_\_\_

All safety repairs made as recommended?    ☐ Yes    ☐ No

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_